EXHIBIT F

TIFFANY ALLEY GLOBAL REPORTING AND VIDEO

Deposition of:

Ralph Zipper, M.D.

May 16, 2015

In The Matter Of:

In Re: CR Bard (300)

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A. This looks like the one. Is this the one I gave you? Let me make sure. It looks like it to me. Yeah, I mean, it's lengthy so -- but yes, it looks like the correct reliance list.

Q. Do you recall what you added to it to make it updated from the one that you had attached to your report?

A. No, I'd have to compare the two. I mean, it was a work in progress. I've relied on a tremendous number of documents, an exhausting number of documents aside from my own clinic experience, my years of treating patients, implanting, explanting, et cetera, so no. But I can get -- if you'd like a cross-referenced list, I can do that for you.

Q. In some instances people bold what's new.

A. I did not.

Q. Can you?

A. Yes, I can. I can have that for you on Monday, but yes, I can certainly try to do that for you.

Q. You indicated that you relied on a lot of documents in order to prepare your Exhibit 26 disclosure which is marked as Exhibit 1. Where did you get the documents that are contained on your reliance list?

A. The internal documents were provided by counsel. Some of the studies were provided by counsel

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upon my request. Some of the documents were provided from -- on my own research, going through -- usually what will happen, sometimes someone will give me an article to look at and say you might want to consider this, and I open the article and there's ten more articles I need because I'm not going to just trust that article. I'm pulling every reference in that article. It's the gift that keeps on giving. So there are numerous places that my reliance list comes from.

Q. The research that you're just discussing with me now that someone sends you an e-mail and there's an article and then that might lead you to two or three other articles, will all that research be provided with the documents you're going to send to me?

A. Would you like a copy of every article in the reliance list? Because, I don't know, it's going to take me a while.

Q. Let me clarify that. Every article that you did rely on is in the reliance list?

A. Yes.

Q. Okay. Even if you went to the two or three others? You had suggested that you would read an article --

A. Oh, no, that's how it got to this size, so right, everything that I relied on is in here. I'm not

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bulletproof. I mean, could I have missed one, sure. Could I miss two, sure. But with rare exception, if I relied on it, it should be in here.

Q. Did you take any handwritten notes when you were making your exhibit -- expert report?

MR. THORNBURGH: Objection, not discoverable. Drafts aren't discoverable.

MS. GLEIM: I didn't ask him to produce. I asked if he made any handwritten notes.

A. I'm sure I did. Probably not many. I'm not a big guy for handwriting. He makes fun of me.

Q. How was it that you put together your expert report?

A. With great meticulousness, exhaustion. I tend to start at -- I pick an article and I start -- I start working my way down it. I cross-reference as much as possible. I create a timeline. When it's -- for example, if it was an expert specific -- I mean a case specific, I -- I mean, the system is go through every single document. From that document, formulate an opinion. If more information is needed to form that opinion or if there are references, go pull those references and continue until I feel that I've had enough information in relation to any specific documents to determine whether -- to determine how that document

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is relevant to the opinion and to then assimilate that portion of my discovery into my final opinion. That's just a building process, like building a house, one brick at a time.

Q. How long -- how many hours do you think you spent preparing the expert report that's Exhibit 1?

A. Somewhere between a lot and a real, real, real lot. Gosh, maybe -- it's almost like editing. I don't know if you know anybody who does any film editing. You call it a time machine. You know, you sit down to edit the film and somebody reminds you that you forgot to eat for the last two days. You know this because you probably do it when you sit down to prepare for a case.

So over a hundred hours. Could it be three hundred? It could be. Could it be four -- I mean, that's how this happens. I mean, you get so absorbed and immersed in it. I probably have decubitus ulcers on my butt from sitting in a chair going through this stuff, but you'll have an exact number because I need to get you those invoices. My staff was supposed to have them here today when I walked in, and they were not. So no one is getting fired but someone is getting whipped with a wet noodle and you'll get it.

Q. Okay. So you're going to be providing me the invoices with regard to your preparation of your expert

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retained as an expert. My question is, has anyone approached you to be an expert and you've declined?

A. In the medical space?

Q. Yes.

A. No.

Q. Do you hold yourself out as an expert in anything but medical space?

A. Yes.

Q. What else?

A. I'm an expert kite surfer. Some might consider me an expert film producer. I don't, but some might. I think there are many people that would consider me an expert in device development and commercialization. I believe that there are some young entrepreneurial doctors who would consider me an expert in regulatory pains as they pertain to device commercialization, and the same goes true for materials. I try not to hold myself out -- but other people make that opinion, come to that opinion, am I an expert or not.

Q. You're not a biomedical engineer, are you?

MR. THORNBURGH: Objection.

A. I am not a biomedical engineer.

Q. Are you a material scientist?

MR. THORNBURGH: Objection.

A. Can you tell me what a material scientist is?

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Q. Someone who has an expertise in materials, I assume, with some sort of chemistry background.

MR. THORNBURGH: Objection.

A. When it comes to the evaluation of materials, it can be approached in many different ways. As a physician who not only implants materials and uses surgical products but also tries to -- has endeavors and spent much of his career commercializing and developing products, I have an expertise in material science, but I am not a material scientist.

Q. What materials do you believe you have an expertise in?

A. I have a increased fund of knowledge that someone would consider a level of expertise in materials that I have used and/or tried to commercialize within my field of endeavor.

Q. And what types of products have you tried to commercialize?

A. Devices for the treatment of urinary incontinence, the devices for the treatment of pelvic organ prolapse, devices for the treatment of overactive bladder disease, devices for the treatment of pelvic pain, devices for the treatment of female sexual dysfunction and/or function. Well, let's leave it at that for now.

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Q. Would all of the expertise that you're relating to be included on Table 1 to your CV where you've attempted to get patent filings?

A. Not necessarily.

Q. Would it be a majority of them?

A. I think that's hard to say. I mean, I can give you examples of how I developed expertise in these various areas, but when I'm working with a company, another company or my own company and we're trying to develop a product and I begin looking at the materials, I will visit the manufacturer. I will look at the manufacturing process.

In certain instances I'm looking at an MSDS. I am looking at what they've done for biocompatibility testing. I am looking at the physical properties of a material. I'm looking at the elasticity. I'm looking at the burst strength of the material. And this is -- these are not things that a doctor would typically look at as an end-user.

But if you're trying to develop a company and you're trying to honor your fiduciary duty to partners in your company and also be ethical and moral in the development of a product, as the president or the lead person you are going to go the extra mile, at least I am, and so I'm looking at those documents and I'm

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visiting the manufacturing facilities.

And so can I sit up at a chalkboard and go stroke for stroke about the molecular composition and the hydroxyl groups and the carbon groups with a bioengineer? No, I can't. But I can also attack it from an angle that he can't, taking some of those principles and talking about how we're going to safely get them into the market and also provide them in a safe fashion to our patients.

Q. So I understand that, in your development of products in the medical space that you would perhaps meet with manufacturers and the like, as a partner of a group that's trying to commercialize products --

A. Yes.

Q. -- do you meet with manufacturers when you are an end-user of a product? Like do most physicians have the knowledge that you're claiming to have?

A. They do not.

Q. How did you gain the additional knowledge that you have with regard to the development of certain products?

A. Sacrificing sleep in the pursuit of knowledge.

Q. Did you have specific training?

A. Yeah, the training is an extensive review of documents that either were made available to me or that

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pathology and has the ability to look at gyn microscopy with a better fund of knowledge and a better frame of reference than most gynecologists.

Q. Well, I understand that you're saying that you may understand pathology better than most gynecologists. You, sitting here today, would not call yourself a pathology expert?

A. I would not.

Q. Do you consider yourself an expert in the biomechanical testing of pelvic mesh?

A. I consider myself an expert in evaluating the expert evaluation of mesh.

Q. Would you explain that further?

A. Sure. There are scientists who are engineers who have a background in testing the physical properties and/or chemical properties of materials, and to most of the planet their work is Chinese. I have an atypical experience in reviewing their work product so I am unusually familiar with and comfortable with reviewing the expert's review.

Q. So you're not an expert in the biomechanical testing, you allow experts to do that, but you can review their findings?

A. Well, one of the problems is that they can't review their own findings. And I don't mean to be

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disrespectful to them, because they're needed experts, but their testing ends in the laboratory. And what happens in practices and necessarily what happens in the game -- hopefully the Rangers don't find that out this week, playoffs, hockey playoffs, excuse me -- but your practice and reality are different things.

And so the first thing you -- with anything, is you want to do some testing and see how something works out in the lab. But then you want to look at those same biomechanical properties, those material properties in real use, and it -- they do not have the correlation. They don't get to go to the operating theater and explant hundreds of pieces of mesh and see your suppositions or your conclusions that you made in the laboratory when doing testing correct, and sometimes the answer may be yes and sometimes it will be no.

But when you explant mesh and it's brittle and it cracks and it's lost all the elasticity and it's deformed, it is changed. And in the initial testing they may not have been able to predict that, and perhaps because the initial testing wasn't even done to try to predict that. Some of these things take a lot of time to occur and you can't duplicate that in a laboratory in one week or even a month.

Q. Is it your position, then, that in order to

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have a product in a market you have to wait two to five years, or whatever the arbitrary number is, before you would be able to do that?

A. I don't think it's arbitrary. I think the international organization for standardization has made it nonarbitrary. They've determined how long things should be tested. And even if they're tested that long, it doesn't really mean it's safe. It means it's safe to test it further. Now you've tested it in the lab or a rat or a hamster or a sheep and it is not -- and those standards call for more than one or two weeks' worth of testing.

Q. Which standards are you referring to?

A. I am referring to the ISO 10993, which doesn't mean that it's going to be safe when ultimately implanted. But if you've done that testing, for example, some components of it have to do with sensitization, some of it would have to do with irritation, some of it would have to do with actual implant on local tissue effects and if it was a systemic effect. You're just showing that you're safe in that particular environment, but it doesn't mean that in the real world it's going to be safe. And that's where the biomaterial scientist is at an unfair disadvantage. They cannot evaluate the biomaterial properties post

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implantation.

Q. Have you tested the biomaterial products post implantation?

A. Yes.

Q. What testing have you done on the explants of your patients?

A. When I remove the explants I compare them to the naive implants before implantation, side by side.

Q. Wait, let me stop to you there so I can follow along. Naive implants before, I need you to explain that to me.

A. This is a piece of paper before I put it under the water, and then there will be a piece of paper after it's been in the sink for three days. So I have --

Q. I'm trying to understand how you would have a duplicate of the mesh implant --

A. The companies all give me their products to look at. They leave samples in the office so I have products that haven't been implanted.

Q. Right, but I thought you tailor them to the anatomy of the patient?

A. I do. But even though I tailor it to the anatomy of the patient, when you implant it -- for example, let's just take an Avaulta Solo. Right? You know you have a 1.6 by 1.4 centimeter pore size. When

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that pore size is gone, it's obliterated. It doesn't matter what size it was to begin with. And also, I know minimal patient diameters. I don't know any patient who has a vagina this small. Which means when I put it in, it wasn't this small. Right? So when I put it in, at a minimum, excuse me, it was not the right shape but it was probably this size.

So it doesn't take a micrometer to know that there's been a substantial difference in the size. And when the pores are gone, it doesn't take a micrometer so you compare the naive implant to the implant you took out. When it's all wrinkled and you can't straighten it out, that doesn't have anything to do with what your size was beforehand. When it's not stretchable, it has nothing to do with what your size was beforehand. When it breaks when you pull on it, these are very discrete changes compared to the naive implant.

Q. Do all patients know what naive implant was implanted in them when you do the explant?

MR. THORNBURGH: Objection, calls for speculation.

A. I would say that many patients do not know, but as the explanting surgeon I often know.

Q. And how do you make that determination?

A. Operative reports and implant records.

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Q. Can you -- can you determine from the explant itself what mesh was used in the implant?

MR. THORNBURGH: Objection.

Q. If you didn't have an op record or if you didn't have an implant record that actually showed you the label of what it was, what I'm trying to decide or understand is whether or not you can take it from an explant?

A. Ms. Gleim, without having the implant record or an operative note, when this mesh comes out it is so altered, it is so shrunken, it is so brittle, it is so contracted that it's almost unrecognizable. If you read pathology reports, even pathologists sometimes, when you're reading what he's looking at microscopically, the pathologist is confused. So no, without the implant record it is -- it would certainly -- or the operative report, it would be very difficult.

Q. Okay. So you were explaining to me the testing that you do on the explants once you've performed an explant, and one of the things you indicated -- and I'm sorry to have interrupted but I want to understand fuller -- was that you compare the explant to the naive implant?

A. Just call it the one that hasn't been implanted.

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Q. Okay. All right. And what other testing have you performed other than comparing those two products, the explant versus the implant that wasn't implanted?

A. Can you restate the question? I know it was a pretty simple question, but I'd just like you to restate it.

Q. Of course. What biomechanical testing of the explanted pelvic mesh have you done?

A. Other than what I just told you about?

Q. Correct.

A. That's it.

Q. What you just told me about, I want to confirm. Was that just visual or did you also have pathology run and/or look under a microscope? Was it to the naked eye or did you take further tests?

A. It was to the naked eye and to my experimentation in the operating room where I would take a scalpel, I would cut through it, I would look at it, I would try to clean it of fibrous tissue so I can look at the actual material, and I would pull on it. But no, did I put it under burst strength testing in the operating room? No, I did not. So that's the extent of my evaluation of the material post explant. It is taking it out, watching it fall apart, break, snap, crumble, and then examining it on the operating table

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thereafter which often would involve dissecting it.

Q. Do you have any pictures before and after bisection of these pieces of explants that you tested?

A. I do not, but I can certainly start taking them. I just took one the other day and I thought to myself, maybe for you guys I should start taking pictures. So I can definitely get that for you guys in the future.

Q. How do you record your testing analysis of explant material after you've done a explant operation and put it on the operating table to dissect it? How do you then take your notes on what you've seen?

MR. THORNBURGH: Objection.

A. I do not typically take notes on that other than growing my own personal knowledge of the material. I believe just recently, hoping that one way I will be able to go back and provide or write something, write a nice article about this, I've started to include some of it in my -- in the slip that goes to the pathology department and occasionally in my dictation.

Q. Okay. So to make sure I understood that, after you have explanted material and you look at it with a naked eye and use your scalpel to dissect it, you then either dictate your findings or you include your findings on the --

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here if I wasn't an expert user with an expert opinion. And so if you're going to ask me about my own personal experience with slings, then we're going to spend some time today talking about the medical literature and the scientific literature on slings and polypropylene mesh as it relates to slings.

And so we've -- I feel like I need to be very careful about providing a one sound bite without a frame of reference, and I know that's not going to happen today when we talk about polypropylene mesh because that's what we're here for. And so that's why I'm saying why don't we just both agree not to start swinging about slings and talk about polypropylene mesh.

Q. I will agree that you've been put forth as an expert on Avaulta and we will try to limit it to that unless you need to clarify your answer. I don't want anyone to say that I have kept you from clarifying your answer, and as long as we're clear on that, we can move forward.

Okay. So I understand that you were considering partnering with BMS Rhode Island to create mesh products that were -- consisted of polypropylene mesh; is that correct?

A. Yes.

Q. And the mesh products were going to be

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implanted transvaginally?

A. Yes.

Q. What was the method of implementation?

A. Yes.

You mentioned we can keep on doing that.

The method of implantation was to be for (the incontinence) for the incontinence would be needle based, and then for the prolapse mesh would have been direct visualization. It would have been self-tailored. And we were also considering alternative fixation techniques. We were working on things that we called STAs, soft tissue anchors, and we just started prototyping some STAs and designing different STAs.

Q. Why is it that you didn't move forward with that partnership?

A. As I was going forward and developing that -- once again this is -- it's a bit fuzzy. It's been a long time. But I believe that's when I got -- I began doing my work with Mpathy, which required easily 40 hours a week for well over a year, maybe a year and a half, two years, and so I just had to choose what I felt was better for my career at that time.

And when I partnered with Mpathy, my infrastructure grew immediately, and they had some infrastructure. It wasn't just me by myself anymore and my engineer.

MR. THORNBURGH: I've got to use the restroom.

MS. GLEIM: Let's take a short break.

THE VIDEOGRAPHER: Going off the video record at 2 o'clock p.m.

(Recess taken.)

THE VIDEOGRAPHER: We are back on the video record at 3:22 p.m. This is the Disc 3.

Q. Good afternoon, Dr. Zipper.

A. Good afternoon.

Q. Before we left we were discussing the fact that you had been to Bard's facilities and possibly saw laboratory testing at the facility?

A. Actually, we're going to have to go back and read today's transcription. I do not believe that's what I said.

Q. I'm sorry if I misstated it. Did you say that you thought that you had perhaps seen laboratory testing?

A. I said that it is possible, and I might have said probable or possible, but I was recollecting that I had been to a cadaver lab conducted by Bard where I believe they were demonstrating properties of their product line.

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Q. Thank you for the clarification. Have you personally ever conducted any laboratory testing on any of the Avaulta products?

MR. THORNBURGH: Objection.

A. I have not.

THE WITNESS: Sorry, Dan.

Q. Have you ever performed a study on the degradation characteristics of mesh?

MR. THORNBURGH: Objection.

A. No. I have reviewed the medical and scientific literature and degradation and carved that in with my clinical findings in the operating theater.

Q. But you never put pen to paper and performed a study or done an article on that?

MR. THORNBURGH: Objection.

A. I have not.

Q. Have you ever performed a study on the contraction or shrinkage rate of mesh?

MR. THORNBURGH: Objection.

A. No, but I have studied the contraction and shrinkage of mesh.

Q. And you studied that through articles?

A. I have studied that through a review of the scientific literature, medical literature, and I have done my own investigation by evaluating the changes

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taking place in the products that I implant versus the products that I explant.

Q. The changes that you've noticed yourself in your clinical practice, do you have any notes or any information that you can provide to us besides the fact that you've taken mental notes?

A. Well, my expert opinion is based on that so my -- those thoughts and opinions are reduced to writing in my expert report, which we have in front of me as Exhibit 1, and those findings are consistent with what I have found throughout the medical and scientific literature. I am seeing what has been described.

Q. Have you ever performed a study on the tensile strength of mesh?

MR. THORNBURGH: Objection.

A. I have studied the tensile strength of mesh, but I have not performed a study on the tensile strength of mesh.

Q. Have you ever performed a study on the flexibility of mesh either before or after it's implanted?

MR. THORNBURGH: Objection.

A. And when you asked me if I performed a study, if you're asking me if I've statistically analyzed data and published it, no. But I have studied those

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properties both through a review of the literature and through an examination of the material before implanted and after implanted, and I've also studied those properties in mesh that I was considering commercializing.

Q. Other than the review of the literature and your clinical experience, you've not taken any steps actually to perform a study yourself? I just want to confirm that.

MR. THORNBURGH: Objection.

A. When you say perform a study -- and correct me if I'm wrong, please. I know you will. I don't have to say that. I -- my interpretation of that is you're wanting to know if I performed a statistical analysis or hired somebody to perform statistical analysis on data that I collected with regard to that specific quality and then published it, and I did not. However, I have studied those qualities.

Q. I understand that. I just want to make sure that we aren't missing each other on this, that there's not something in between you studying it and a published article, if there's anything else where you've done a brochure or you have your website, anywhere that you have discussed or provided your feedback or your analysis.

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A. Yes, I mean --

MR. THORNBURGH: Objection. Go ahead.

A. We'd have to go through, try to dig deep into Mpathy and Gyne Ideas' records, but what my engineer and I were doing as we were developing products both for Gyne Ideas and Mpathy to bring to the U.S. market, and hopefully one day get an exit, which happened, and also to develop our own products is we would compare those type of characteristics -- we would compare those characteristics of existing products with samples of mesh that we were looking at and so we would look at elasticity, tensile strength, and burst.

Q. And you did those studies in conjunction with your development of mesh with --

A. Yes, with the development of mesh products for commercialization.

Q. Right. I guess what I was trying to -- to try to confine it to the time period in which you were doing it for the Scottish companies.

A. Well, we've already --

MR. THORNBURGH: Objection.

A. -- talked about that throughout today and that we can probably figure it out by looking through all the documents when it started and when it ended, but the ballpark figures I've given throughout the day remain

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the same. I can't really give you a one-year period.

Q. No, and maybe I misspoke so I will try that again. You were just talking about how when you were preparing to manufacture or to promote product --

A. Between 2007 and 2011 would be a good frame.

Q. Was it just for that one entity Mpathy, or were you doing it for other manufacturers as well?

A. I was doing it for myself and products I was considering commercializing on my own.

Q. Besides the Mpathy?

A. Yes.

Q. You're not an epidemiologist, are you?

MR. THORNBURGH: Objection.

A. I am not an epidemiologist.

Q. And are you a microbiologist?

MR. THORNBURGH: Objection.

A. I am not a microbiologist.

Q. Are you a bacteriologist? That's a mouthful.

A. You know I'm a bacteriologist.

No, I am not a bacteriologist.

Q. I'm sorry. It will just be quicker if I go through the series of questions and then we can continue. You're not a --

A. Is that actually a specialty, a bacteriologist?

Q. I think anyone can be a specialist now.